



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E394413**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE # **15-00192**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

TRIBAL RESERVATION

DATE OF COLLISION **01** - **21** - **2015** TIME (2400) **0835** COUNTY # **31** MILES **0664** IN ☒ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE **9** BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET) **SOPER HILL ROAD**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **PARR** FIRST NAME **JULYA** MIDDLE INITIAL **M**

STREET NEW ADDRESS **3802 109TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588116**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **PARR\*JM183MG** STATE **WA** SEX **F** D.O.B. **07** - **07** - **1982**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **680SCL** STATE **WA** VIN# **KNAFB161245137652**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **KIA** MODEL **SPC5D** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 667234008**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **WESTLING** FIRST NAME **THOMAS** MIDDLE INITIAL **D**

STREET NEW ADDRESS **712 S GRANITE AVE**

CITY **GRANITE FALLS** ST **WA** ZIP **982529703**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WESTLTD406QK** STATE **WA** SEX **M** D.O.B. **11** - **12** - **1960**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **C35776C** STATE **WA** VIN# **1GC4K0C84FF512248**

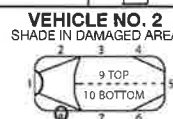
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2015** MAKE **CHEV** MODEL **SILVERA** STYLE **CW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **FIRST NATIONAL X5797180**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**

PART A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E394413

CASE #

15-00192

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

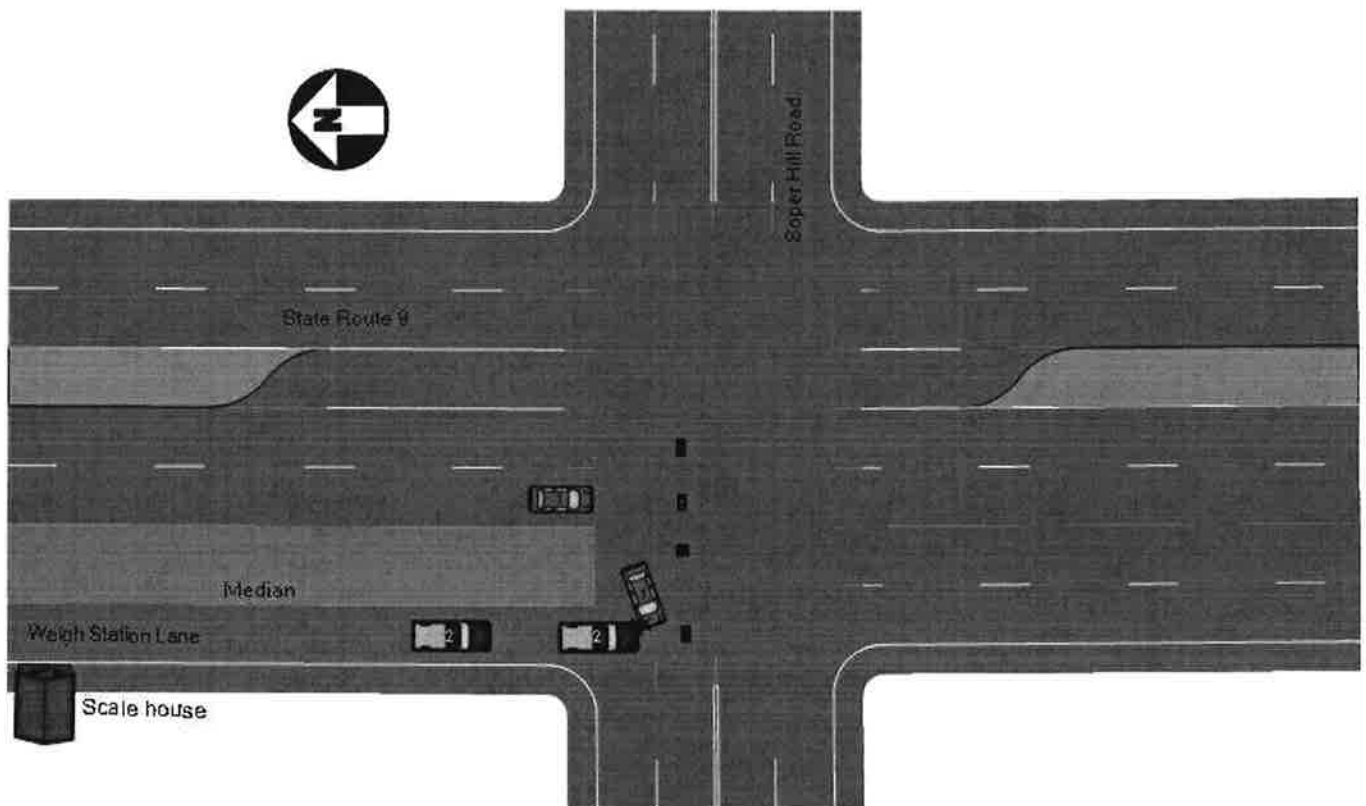
NAME (LAST, FIRST, MIDDLE INITIAL)		SCHROEDER TYSON R																
ADDRESS & PHONE #		C/O 712 S.GRANITE AVENUE GRANITE FALLS WA 98252																
SEX		M		D.O.B. MMDDYYYY		03		10		2006								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

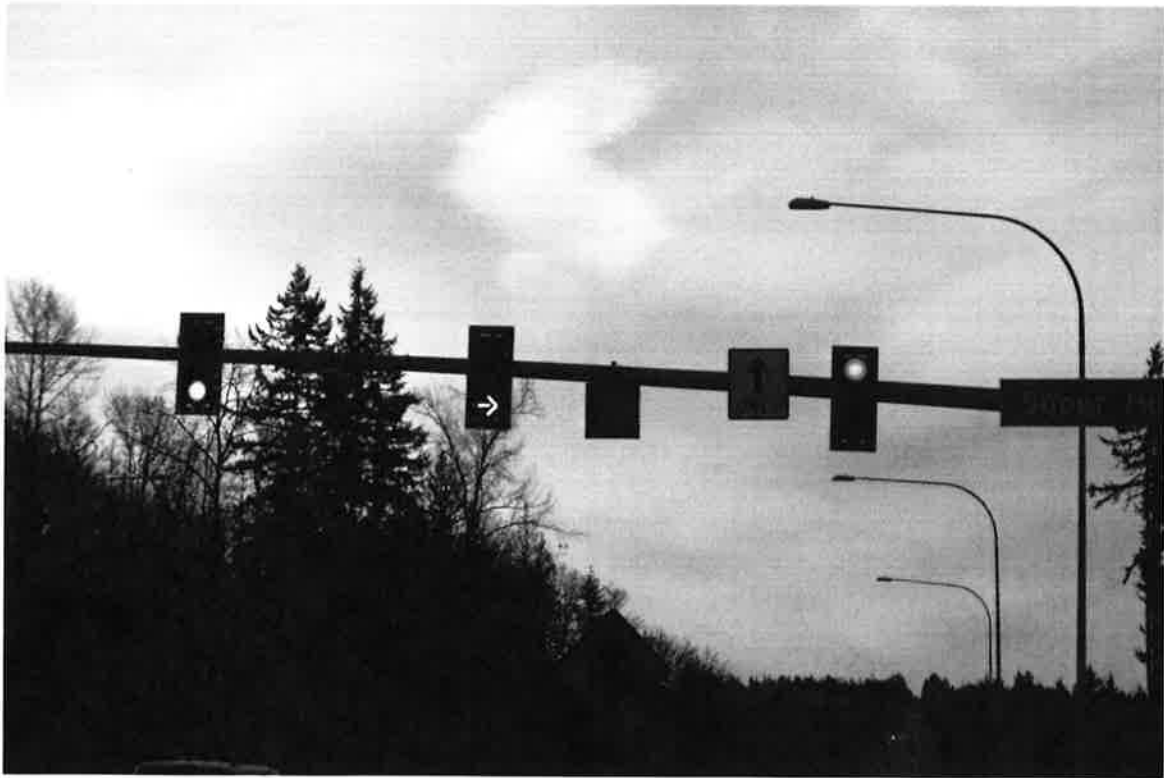
NARRATIVE

On 01/21/2015 at 0839 hours, I was dispatched to a two vehicle/non injury collision at Sr9 and Soper Hill Road. The driver of vehicle 1 stated that she was S/B SR9 stopped for the red light. Driver 1 said that she attempted to make a free right turn and was truck by Vehicle 2. The driver of vehicle 2 said that he was exiting the weight station lane, preparing to go straight. Driver 2 said that he had a green light and there was an overhead neon sign which indicates that there is no right turn on red. Driver 2 proceeded forward and Driver 1 made the right turn and the two vehicles collided. The driver of vehicle 1 said that the sign indicating no right on red for southbound traffic was not illuminated. The driver of vehicle 2 said that the sign was illuminated. There was no independent witness at the scene so I am unable to determine if the sign was illuminated or not. The sign did appear to be functioning properly. The weigh station lane signal turns to green while the other lanes of S/B traffic stay red to allow large trucks to merge back into traffic after the weigh station. The signage prohibits free right turns on red for southbound traffic while the trucks exit the weigh station.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		01-22-15 07:38 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
DATED		PLACE SIGNED	
APPROVED BY		DATE	
BOB SUMMERS 079		1/22/2015 11:29:19 PM	
BADGE OR ID #	130	ORI #	WA0311900
TIME POLICE DISPATCHED	8:39 AM	TIME POLICE ARRIVED	8:52 AM





ORIGINAL



LSPD  
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ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Kohertford #130</i>		Case Number <i>1500192</i>	
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>01-21-15</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			

Case #

Item #  Action #	1	Item <i>CD</i> Brand Name <i>Compuce Sony</i> Brand/Model/Caliber (Further Description) <i>Collision Pictures</i>	Storage Location	Disposition
	3	Serial #      Where Found      Weight of Narcotic		
	Owner's Name      Address      City      State      Zip      Phone #      Barcode goes here			
	Owner Signature/Other remarks /additional information/ special instructions			
		Item      Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #      Where Found      Weight of Narcotic		
	Owner's Name      Address      City      State      Zip      Phone #      Barcode goes here			
	Owner Signature/Other remarks /additional information/ special instructions			
		Item      Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #      Where Found      Weight of Narcotic		
	Owner's Name      Address      City      State      Zip      Phone #      Barcode goes here			
	Owner Signature/Other remarks /additional information/ special instructions			
		Item      Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #      Where Found      Weight of Narcotic		
	Owner's Name      Address      City      State      Zip      Phone #      Barcode goes here			
	Owner Signature/Other remarks /additional information/ special instructions			
		Item      Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #      Where Found      Weight of Narcotic		
	Owner's Name      Address      City      State      Zip      Phone #      Barcode goes here			
	Owner Signature/Other remarks /additional information/ special instructions			

Evidence Control Use Only:
 

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: <span style="color: red;">LSPD</span>
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File



/0839	(SP0298)	ENTRY		, CC, MAR CHEV SILVERADO 3500 VS GRY KIA SPECTRA, NON INJ, NON BLKG
/0839	(SP0112)	DISPER	19D3	#SS130 RUTHERFORD, OFCR (RICH)
/0852		ONSCNE	19D3	
/0852	(*****)	REMINQ	19D3	C35776C
/0852	(SP0112)	REMINQ	19D3	LIC, 19D3, C35776C,, ,
/0852		REMINQ	19D3	VEH, 19D3, 680SCL,,,,,,,,,,,,,
/0901		ASNCAS	19D3	\$SS15000192
/0913		CLEAR	19D3	D/H
/0913		CLOSE	19D3	